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U.S. PTO

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PTO/SB/50 (02-01)

Approved for use through 9/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:  Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	07703-414001
	First Named Inventor	Gregory John Billington et al.
	Original Patent Number	6,390,269
	Original Patent Issue Date	May 21, 2002
	Express Mail Label No.	EF045060313US

APPLICATION FOR REISSUE OF:  
(check applicable box) Utility Patent Design Patent Plant Patent

## APPLICATION ELEMENTS (37 CFR 1.173)

- Fee Transmittal Form (PTO/SB/56)  
(Submit an original and a duplicate for fee processing)
- Applicant claims small entity status. See 37 CFR 1.27.
- Specification and Claims in double column copy of patent format (amended, if appropriate)
- Drawing(s) (Proposed amendments, if appropriate)
- Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Power of Attorney
- Original U.S. Patent currently assigned?  Yes  No  
(If Yes, check applicable box(es))
  - Written Consent of all Assignees (PTO/SB/53)
  - 37 C.F.R. § 3.73(b) Statement  
(PTO/SB/96)
- CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
- Nucleotide and/or Amino Acid Sequence Submission  
(If applicable, all of the following are necessary)
  - a.  Computer Readable Form (CFR)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM (2copies) or CD-R (2 copies) or
    - ii.  paper
  - c.  Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

- Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c)
- Original U.S. Patent for surrender
  - Ribboned Original Patent Grant
  - Statement of Loss (PTO/SB/55)
- Foreign Priority Claim (35 U.S.C. 119) (if applicable)
- Information Disclosure Statement (DS)/PTO-1449  Copies of IDS Citations
- English Translation of Reissue Oath/Declaration (if applicable)
- Preliminary Amendment
- Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- Other: \_\_\_\_\_

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## 18. CORRESPONDENCE ADDRESS

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Signature			Date

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PTO/SB/56 (12-97)

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

DOCKET NUMBER (Optional)

07703-414001

## Claims as Filed – Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A)23	Total Claims (37 CFR 1.16(j))	(B)23	0	x \$ ___ =		x \$18=	
(C)10	Independent Claims (37 CFR 1.16(i))	(D)10	0	x \$ ___ =			x \$86=
Basic Fee (37 CFR 1.16(h))				\$		\$ 770	
Total Filing Fee				\$		OR	\$ 770

## Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	23	MINUS	**23	* = 0	x \$ ___ =		x \$ ___ =	
Independent Claims (37 CFR 1.16(i))	10	MINUS	*****10	= 0	x \$ ___ =			x \$ ___ =
Total Additional Fee				\$		OR	\$ 0	

\* If the entry in (D) is less than the entry in (C), write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B-A); If "A" is 20 or less, use (B-20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (c).

Please Charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_  
 A Duplicate Copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 06-1050  
 A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 770.00 to Cover the filing/additional fee is enclosed.

5/19/2001

Date

Signature of Applicant, Attorney or Agent of Record

Samuel Borodach

Typed or Printed Name

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